1285586

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 32361
Name: Krehbiel, Hal Gene and Alice dba K-Bar Oil
Address 1: 1219 TURKEY CRK DR
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 9765
Contact Person: Hal G. Krehbiel
Phone: (620) 242-6624
Lease Name: WILLIAMS
Well Number: 1

API No.: 15-115-00987-00-01
Permit No: D22244.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NW - SW Sec. 21 Twp. 21 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1678 feet from ☐ N / ☑ S Line of Section
4716 feet from ☑ E / ☐ W Line of Section
County: Marion

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	4327	0	0		31
February	3782	0	0		28
March	4299	0	0		31
April	4174	0	0		30
May	4305	0	0		31
June	4166	0	0		30
July	4301	0	0		31
August	4297	0	0		31
September	4151	0	0		30
October	4319	0	0		31
November	4149	0	0		30
December	4324	0	0		31
TOTAL	50594		0		

Submitted Electronically